

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	15	←	←	←	←	←
TOTAL CLAIMS	16	16	16	16	16	16

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS		16	16	16	16	16